



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: **PARKVIEW RANDALLIA HOSPITAL**

City of Hospital: Fort Wayne

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Paige Cayot

Email Address: paige.cayot@parkview.com

Medicare Provider Number: 15-0021

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1773814349
Outpatient Patient Service Revenue	\$1910179907
Total Gross Patient Service Revenue	\$3683994256

2. Deductions From Revenue

Contractual Allowance	\$2538963661
Other Deductions	\$0
Total Deductions	\$2538963661

3. Total Operating Revenue

Net Patient Service Revenue	\$1145030595
Other Operating Revenue	\$50960518
Total Operating Revenue	\$1195991113

4. Operating Expenses

Salaries and Wages	\$274682710	Employee Benefits	\$85003225
Depreciation and Amortization	\$48467816	Interest Expense	\$257007

Bad Debt	\$0	Other Expenses	\$638106209
Total Operating Expenses	\$1046516967		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$149474147	Total Assets	\$374295892
Net Non-operating Gains over Loss	\$-751854	Total Liabilities	\$77128694
Total Net Gains	\$148722293		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1764200211	\$1451573045	\$312627166
Medicaid	\$313268587	\$233485645	\$79782942
Other Government	\$58528137	\$48792833	\$9735304
Other State	\$286790132	\$226237822	\$60552310
Other Payers	\$1261207189	\$578874316	\$682332873
Total	\$3683994256	\$2538963661	\$1145030595

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1556793	\$-1556793

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss

Research	\$0	\$531987	\$-531987
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Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$1122166	\$6278829	\$-5156663
Hospital Patients	\$0	\$0	\$0
Community Education	\$223342	\$2530038	\$-2306696

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	45019

Statement Six: Charity Statement

Hospital Charity Charges	\$78765194
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$15623313	
HCI Payments	\$0		
Subtotal	\$0	\$15623313	\$-15623313
Medicaid Shortfalls	\$77868079	\$103512235	
Subtotal	\$77868079	\$119135548	\$-41267469
DSH Payments	\$0		
Subtotal	\$77868079	\$119135548	\$-41267469
Medicare Shortfalls	\$306331041	\$347782485	
Other Government Programs	\$60552310	\$62672599	
Total	\$444751430	\$529590632	\$-84839202

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$77835	\$1711102	\$-1633267
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$775240	\$2143040	\$-1367800

Comments

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